



MaineCare
Health Care for Maine People

UPDATE

BUREAUS WORKING TOGETHER TO RAISE AWARENESS ABOUT CARING FOR DIABETES

The Maine Diabetes Prevention and Control Program (DPCP), within the Bureau of Health and the Health Management & Member Services Unit, within the Bureau of Medical Services are working together to raise awareness about caring for diabetes. Diabetes is a costly disease, both in terms of economic and health consequences. About six percent of MaineCare members are diagnosed with diabetes and it is the fourth most expensive diagnostic category in MaineCare.

The DPCP is a state based program funded by the CDC and the state of Maine to provide evidence-based information, promote self-management education based on national standards, and report on diabetes prevalence, morbidity, and mortality in the state. Diabetes is receiving a lot of attention lately and sadly it's for the wrong reasons. Maine is one of a few states where a greater than 50% increase in prevalence has occurred in the past ten years. Recent

research shows that almost two-thirds of persons with diabetes are not within optimal control.

Diabetes is a chronic disease with no known cure. It is a disease that dramatically increases the risk of developing vascular disorders, including cardiovascular disease. When diabetes is not managed, significant complications can develop that seriously compromise quality of life and dramatically raise the risks of death. In the mid 1990's two landmark studies demonstrated that many of the complications that develop from diabetes could be avoided through tight blood-glucose control. The A1C test shows the average blood-sugar level over the past two to three months. A normal A1C level is less than or equal to 6. According to the most recent studies, persons with diabetes in the U.S. average A1C levels of 9. Specialists recommend striving for less than or equal to 7, because every point-drop lowers the risk of severe diabetes complications by 40

percent. To achieve good control of blood-sugar requires active participation by both the person with diabetes and a prepared treatment team.

"According to the Chronic Care Model, optimal chronic care is achieved when a prepared, proactive practice team interacts with an informed, activated patient" People with chronic conditions, such as diabetes, are their own principal caregivers, and health care professionals — should be consultants supporting them in this role. To assist in this relationship, MaineCare has implemented a plan to inform MaineCare members with diabetes and their providers whether they are missing any of four recommended annual care measures. MaineCare has developed a diabetes registry that tracks A1C exams, LDL cholesterol screening, eye exams, and microalbuminuria screening and uses results to notify members and providers of missing screenings.

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MAINECARE DIABETES REGISTRY

MaineCare now has a registry of all MaineCare members who have diabetes. This registry consists of those MaineCare members with one full year of membership without a lapse in benefits and has allowed us to communicate with members and providers about routine diabetic testing, health education information, and provide resource and referral services. In September, a letter of introduction about our diabetes project was mailed to each MaineCare member with diabetes and their primary care provider. A follow-up letter was sent out in December with a brochure regarding the necessity of good foot care and a reminder to be sure to have the four routine tests for good self management of the disease: HgbA1c, urine for protein, lipid profile, and dilated eye exam.

Member response to the mailings has been good. We have received telephone responses, emails, and correspondence through the regular mail. The most frequently requested information is for education regarding neuropathy:

- What causes it,
- Is there a cure,
- Can anything be done to help the pain short of taking narcotics,
- Will exercise help and where can I go for exercise.

This is an area where members seem to be asking for the most information. You may want to approach this topic with your patients who have diabetes.

We also have not received all of the responses from our mailing to providers regarding verification of the patient list

for members with diabetes. If you received a letter from us with a list of your MaineCare diabetes patients please review it and let us know either by return mail, telephone or email about the accuracy of the list. The information we have comes from claims data and is not always 100% accurate. We need this information to ensure the accuracy of reminder mailings to patients and providers. If you have any questions about how to complete this task or you did not receive your list please call Jean Lloyd, R.N. at 1-800-566-3818.

Thank you for your continued participation in MaineCare and for supporting our efforts to assure the best health care possible for MaineCare members.

MAINE DEPARTMENT OF HUMAN SERVICES

Peter Walsh, Acting Commissioner • Bureau of Medical Services • Division of Health Care Management & Member Services
11 State House Station, Augusta, Maine 04333 • 800-566-3818 • TTY/TDD 800-423-4331

To receive this newsletter by mail, contact Health Care Management Unit at 207-287-8820

MAINE INJURY PREVENTION PROGRAM

Department of Human Services
Bureau of Health
Division of Community Health
Maine Injury Prevention Program

The Problem in Maine:

- Injury is the leading cause of death and disability to Maine citizens up to the age of 24, accounting for an average of 148 deaths per year.
- Motor vehicle crashes are the leading cause of child and youth injury deaths. For teens and young adults, ages 15 - 24, suicide is the second leading cause of death.
- Injuries are responsible for more years of potential life lost than any other single cause.

For information about the Maine Injury Prevention Program call:

Tel: 207 287-9968

Toll Free: 1-800-698-3624

Fax: 207 287-7213

State of Maine
Department of Human Services
Bureau of Health
Division of Community Health
Maine Injury Prevention Program
286 Water Street
Key Plaza 1st Floor
11 State House Station
Augusta, Maine 04333

Program Goals:

- Reduce morbidity and mortality from unintentional and intentional injuries among children and youth, birth to age 24.
- Promote infant, child and adolescent injury prevention through educational programs and collaborative activities with other agencies and service providers in communities statewide.

Priority Populations, Partnerships & Affiliations:

- Infants, children and adolescents, birth to age 24.
- Parents, school personnel, and community health service providers at the local, state and national levels.

Program Activities:

- Provide education, information, resource materials and technical assistance on a variety of injury prevention topics.
- Oversee 40 statewide child safety seat voucher programs for families who cannot afford to purchase a seat. Training and education is provided on the correct installation and use.
- Oversee grants to the Northern New England Poison Center, Safe Community grantees, and other agencies working to prevent injury.
- Conduct training and education to increase the knowledge and skills of individuals working with children, families and caregivers to prevent childhood injuries, violence and/or suicide.
- Conduct surveillance of injury morbidity and mortality to monitor the incidence of injuries among Maine children.

Funding Sources:

- Funding is provided through the Maternal and Child Health Block Grant, the Preventive Health and Health Services Block Grant, and the Bureau of Highway Safety.

Working Together to Keep Maine Children, Teens, and Young Adults Safe from Unintentional Injuries, Suicide and Violence

ASTHMA SUPPLIES FOR MAINECARE MEMBERS 01/14/04

Over the past few months, some MaineCare members have experienced difficulty finding a provider to supply asthma medication spacers and peak flow meters. These items continue to be MaineCare covered services. Previously, these devices were primarily provided to MaineCare members via pharmacies that also supplied durable medical equipment (DME).

Several pharmacy providers, including some major commercial pharmacy chains, have recently chosen to no longer provide services to MaineCare members as DME providers. At that time, per MaineCare rules, only DME providers could be reimbursed for asthma supplies. Therefore, there were only a limited number of providers who were supplying asthma supplies to MaineCare members.

The Bureau of Medical Services (BMS) appreciates the difficulties this caused MaineCare members. In order to resolve this situation in a timely fashion, BMS proposed emergency rules that allowed pharmacies to receive reimbursement for asthma supplies. These rules became effective 01/01/04. The list of covered asthma supplies is available at http://www.ghsinc.com/ghs_com/genpharmfiles.jsp.

Members who need help finding supplies can contact the MaineCare pharmacy help desk at 1-866-796-2463. Please contact Beth Ketch (287-4078) or Jude Walsh (287-1091) with specific information if members continue to have difficulties obtaining asthma supplies after this date.

MAINECARE MEMBER IDENTIFICATION CARDS

The implementation date for the use of the plastic MaineCare ID cards was December 1, 2003. Members newly eligible for MaineCare and members age 21 years and older who are exempt from co-pays will be receiving a paper card in addition to the plastic card. If you have questions concerning this project, please contact Provider Services at 800-321-5557, Option 9 or 207-287-3094 and ask to speak to either Paul Collins or Diane Bailey. For technology type questions, please contact Medifax EDI at 800-819-5003.

You are not required to purchase the POS devices or services offered by Medifax-EDI. You will have the option of using the various POS eligibility verification applications that Medifax-EDI will be offering. You will have two other options available to you to check eligibility, status of claims, etc: the Voice Response System or the new MaineCare Claims Management System (MECMS) once it is operational.

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Controlling blood sugar to the recommended level of 90-130 milligrams per deciliter (mg/dl) before meals and 100-140 mg/dl at bedtime (2004 ADA Standards) requires solid self-management skills. The DPCP has developed a comprehensive diabetes self-management program that is available throughout the state at thirty-three different sites.

MaineCare and the DPCP hope to work together with healthcare providers and MaineCare members toward successful long term diabetes management. The DPCP has a number of resources to promote awareness of self-care and to reinforce provider-patient partnerships. If you would like more information about the Maine Diabetes Prevention and Control Program, please contact Jim Leonard at 287-2906. If you would like to know more about the MaineCare diabetes project or would like a copy of the recent study of the MaineCare diabetes population please contact Brenda McCormick at 287-1774.